

**IDENTIFICATION**

DISTRICT  HNO (From Map)

EA  FAMILY NO  OF

LOCATION



**REPUBLIC OF SEYCHELLES  
POPULATION AND HOUSING CENSUS, 2002**

FORM NUMBER

**PART 1: HOUSEHOLD MEMBERS**

(NOTE: For persons with no NIN, write Mother's Maiden Name and Surname at the back)

PERSON NUMBER	A P A V O	ALL USUAL RESIDENTS											POPULATION 12 YRS AND ABOVE (BORN BEFORE AUG 1990)					FEMALES 15+ (BORN BEFORE AUG 1987)			
		B NATIONAL IDENTITY NUMBER	C PRESENT SURNAME	D MAIDEN SURNAME	E OTHER NAMES	F SEX	G DATE OF BIRTH	H NATIONALITY	I RELATIONSHIP TO HEAD	J RELIGION	K MARITAL STATUS	L DISTRICT OF RESIDENCE AT LAST CENSUS (AUG 1997) (Ask of persons born before August 1997)	M LITERACY (Y or N)	N EDUCATION	O WORK STATUS	P OCCUPATION (TYPE OF WORK)	Q INDUSTRY (PLACE OF WORK)	R MONTHS SEEKING WORK (ST 6 & 7)	S EMPLOYMENT STATUS (C, P, F)	T NUMBER OF CHILDREN BORN ALIVE	U DATE OF LAST LIVE BIRTH
1		-	-	-			/ /		A											/ /	1
2		-	-	-			/ /													/ /	2
3		-	-	-			/ /													/ /	3
4		-	-	-			/ /													/ /	4
5		-	-	-			/ /													/ /	5
6		-	-	-			/ /													/ /	6
7		-	-	-			/ /													/ /	7
8		-	-	-			/ /													/ /	8
9		-	-	-			/ /													/ /	9
10		-	-	-			/ /													/ /	10
11		-	-	-			/ /													/ /	11
12		-	-	-			/ /													/ /	12

**SUMMARY:** NO. AGED UNDER 15 (Born After August 1987)  NO. AGED OVER 15 (Born Before August 1987)  TOTAL

A PAVO	I RELATIONSHIP TO HEAD OF HOUSEHOLD	J RELIGION	K MARITAL STATUS	N EDUCATION	O WORK STATUS	S EMPLOYMENT STATUS				
P = PRESENT A = ABSENT V = VISITOR O = OVERSEAS	A = HEAD W = WIFE SPOUSE H = HUSBAND SPOUSE D = DAUGHTER / IN LAW S = SON / IN LAW	P = PARENT B = BROTHER / SISTER / IN LAW G = GRANDCHILD O = OTHER RELATIVE N = NO RELATION	0 = ROMAN CATHOLIC 1 = ANGLICAN 2 = SEVENTH DAY ADVENTIST 3 = JEHOVAH'S WITNESS 4 = OTHER CHRISTIANS	5 = BAHAI 6 = HINDU 7 = MUSLIM 8 = OTHER NON CHRISTIANS 9 = NONE	1 = SINGLE 2 = MARRIED 3 = LIVING TOGETHER 4 = SEPARATED 5 = DIVORCED 6 = WIDOWED	0 = NO SCHOOLING 1 = P1 TO P6 2 = F1, F2, P7, P8 / S1, S2 3 = FORM3 / P9 OR S3 4 = FORM4 / S4 5 = NYS ; FORM 5 6 = VOCATIONAL	7 = POLY 1 - 2, TTC 8 = POLY 3 - 4, FORM 6 9 = PRE-UNIVERSITY 10 = UNIVERSITY (Bachelor) 11 = UNIVERSITY (MSc / MBA / PhD) 12 = OTHER	0 = EMPLOYEE - GOVERNMENT 1 = EMPLOYEE - PARASTATAL 2 = EMPLOYEE - PRIVATE 3 = EMPLOYER 4 = SELF EMPLOYED 5 = UNPAID FAMILY WORKER	6 = PARTIALLY EMPLOYED JOB SEEKER 7 = UNEMPLOYED JOB SEEKER 8 = STUDENT 9 = OTHER (RETIRED, ETC)	F = FULL TIME P = PART TIME C = CASUAL

MAIN LANGUAGE USED IN HOME (List in order of importance)

1	<input type="text"/>
2	<input type="text"/>
3	<input type="text"/>

INTERVIEWER NO.

DATE  /  / 2002

SUPERVISOR'S INITIALS

OFFICIAL USE

STATISTICIAN'S INITIALS

CODER'S INITIALS

KB OPERATOR'S INITIALS

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FORM NO:

**PART 2 HOUSING CHARACTERISTICS - (To be completed for each household)**

<p><b>HU1 TYPE OF DWELLING</b></p> <p>(a) Vacant <input type="checkbox"/></p> <p>(b) Wholly Residential</p> <p>(i) Building used wholly as one housing unit <input type="checkbox"/></p> <p>(ii) Building containing more than one housing unit (block of flats, semi-detached houses, etc..) <input type="checkbox"/></p> <p>(c) Partly Residential</p> <p>(iii) Building used partly for residential and partly for other purposes (e.g., shop dwelling) <input type="checkbox"/></p> <p>(d) Institutions</p> <p>(iv) (e.g., convent, infirmary, hospital, barrack, hotel) <input type="checkbox"/></p> <p>(e) Boat <input type="checkbox"/></p> <p>(f) Other (no home) <input type="checkbox"/></p> <p><b>HU2 CONSTRUCTION</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>STONE / BLOCK</td><td><input type="checkbox"/></td></tr> <tr><td>WOOD / IRON</td><td><input type="checkbox"/></td></tr> <tr><td>PALM / LATTICE</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU3 AGE OF BUILDING</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1 - 5 YEARS (1997-2001)</td><td><input type="checkbox"/></td></tr> <tr><td>6 - 10 YEARS (1992 - 1996)</td><td><input type="checkbox"/></td></tr> <tr><td>11 - 15 YEARS (1987 - 1991)</td><td><input type="checkbox"/></td></tr> <tr><td>16 - 20 YEARS (1982 - 1989)</td><td><input type="checkbox"/></td></tr> <tr><td>OVER 20 YEARS (BEFORE 1982)</td><td><input type="checkbox"/></td></tr> <tr><td>NOT KNOWN</td><td><input type="checkbox"/></td></tr> <tr><td>NOT APPLICABLE (Boats, homeless)</td><td><input type="checkbox"/></td></tr> <tr><td>NOT COMPLETED BUT INHABITED</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU4 STATE OF REPAIR</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>GOOD</td><td><input type="checkbox"/></td></tr> <tr><td>FAIR</td><td><input type="checkbox"/></td></tr> <tr><td>POOR</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU5 TENURE</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>OWNER OCCUPIED</td><td><input type="checkbox"/></td></tr> <tr><td>RENTED FROM GOVERNMENT</td><td><input type="checkbox"/></td></tr> <tr><td>RENTED PRIVATELY</td><td><input type="checkbox"/></td></tr> <tr><td>RENTED FROM PRIVATE EMPLOYER</td><td><input type="checkbox"/></td></tr> <tr><td>PROVIDED FREE BY EMPLOYER</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU6 SIZE OF LIVING QUARTERS</b></p> <p>NUMBER OF ROOMS <input type="text"/> (excluding kitchen, bathroom, halls, corridors, veranda, toilet, store)</p>	STONE / BLOCK	<input type="checkbox"/>	WOOD / IRON	<input type="checkbox"/>	PALM / LATTICE	<input type="checkbox"/>	1 - 5 YEARS (1997-2001)	<input type="checkbox"/>	6 - 10 YEARS (1992 - 1996)	<input type="checkbox"/>	11 - 15 YEARS (1987 - 1991)	<input type="checkbox"/>	16 - 20 YEARS (1982 - 1989)	<input type="checkbox"/>	OVER 20 YEARS (BEFORE 1982)	<input type="checkbox"/>	NOT KNOWN	<input type="checkbox"/>	NOT APPLICABLE (Boats, homeless)	<input type="checkbox"/>	NOT COMPLETED BUT INHABITED	<input type="checkbox"/>	GOOD	<input type="checkbox"/>	FAIR	<input type="checkbox"/>	POOR	<input type="checkbox"/>	OWNER OCCUPIED	<input type="checkbox"/>	RENTED FROM GOVERNMENT	<input type="checkbox"/>	RENTED PRIVATELY	<input type="checkbox"/>	RENTED FROM PRIVATE EMPLOYER	<input type="checkbox"/>	PROVIDED FREE BY EMPLOYER	<input type="checkbox"/>	<p><b>HU7 WATER SUPPLY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>TREATED</td><td>UNTREATED</td><td>UNKNOWN</td></tr> <tr><td>MAINS SUPPLY</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>PRIVATE (River, well)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p><b>HU8 DOMESTIC WATER TANK / RESERVOIR</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Available</td><td><input type="checkbox"/></td></tr> <tr><td>Not available</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU9 TOILET FACILITY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Flush toilet connected</td><td><input type="checkbox"/></td></tr> <tr><td>- to sewerage system</td><td><input type="checkbox"/></td></tr> <tr><td>- to septic tank</td><td><input type="checkbox"/></td></tr> <tr><td>Pit latrine</td><td><input type="checkbox"/></td></tr> <tr><td>None</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU10 SOURCE OF ENERGY</b></p> <p>(1) FOR LIGHTING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Electricity</td><td><input type="checkbox"/></td></tr> <tr><td>Candles</td><td><input type="checkbox"/></td></tr> <tr><td>Paraffin Lamps</td><td><input type="checkbox"/></td></tr> <tr><td>Other, specify</td><td><input type="text"/></td></tr> </table> <p>(2) FOR COOKING</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Electricity</td><td><input type="checkbox"/></td></tr> <tr><td>Gas</td><td><input type="checkbox"/></td></tr> <tr><td>Paraffin</td><td><input type="checkbox"/></td></tr> <tr><td>Wood</td><td><input type="checkbox"/></td></tr> <tr><td>Charcoal</td><td><input type="checkbox"/></td></tr> <tr><td>No cooking</td><td><input type="checkbox"/></td></tr> <tr><td>Other, specify</td><td><input type="text"/></td></tr> </table> <p>(3) SOLAR HEATER</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Available</td><td><input type="checkbox"/></td></tr> <tr><td>Not available</td><td><input type="checkbox"/></td></tr> </table> <p><b>HU11 INFORMATION AND COMMUNICATION SERVICES</b></p> <p>Does this household have access to any of the following within this dwelling</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Radio</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>TV</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>VCR, VCD, DVD</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other equipment eg. Hi-fi</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Telephone (fixed)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Telephone (mobile)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Computer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Connection to internet</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Newspaper (daily)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Newspaper (weekly)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		TREATED	UNTREATED	UNKNOWN	MAINS SUPPLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE (River, well)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Available	<input type="checkbox"/>	Not available	<input type="checkbox"/>	Flush toilet connected	<input type="checkbox"/>	- to sewerage system	<input type="checkbox"/>	- to septic tank	<input type="checkbox"/>	Pit latrine	<input type="checkbox"/>	None	<input type="checkbox"/>	Electricity	<input type="checkbox"/>	Candles	<input type="checkbox"/>	Paraffin Lamps	<input type="checkbox"/>	Other, specify	<input type="text"/>	Electricity	<input type="checkbox"/>	Gas	<input type="checkbox"/>	Paraffin	<input type="checkbox"/>	Wood	<input type="checkbox"/>	Charcoal	<input type="checkbox"/>	No cooking	<input type="checkbox"/>	Other, specify	<input type="text"/>	Available	<input type="checkbox"/>	Not available	<input type="checkbox"/>		YES	NO	Radio	<input type="checkbox"/>	<input type="checkbox"/>	TV	<input type="checkbox"/>	<input type="checkbox"/>	VCR, VCD, DVD	<input type="checkbox"/>	<input type="checkbox"/>	Other equipment eg. Hi-fi	<input type="checkbox"/>	<input type="checkbox"/>	Telephone (fixed)	<input type="checkbox"/>	<input type="checkbox"/>	Telephone (mobile)	<input type="checkbox"/>	<input type="checkbox"/>	Computer	<input type="checkbox"/>	<input type="checkbox"/>	Connection to internet	<input type="checkbox"/>	<input type="checkbox"/>	Newspaper (daily)	<input type="checkbox"/>	<input type="checkbox"/>	Newspaper (weekly)	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>HU12 OWNERSHIP OF CAPITAL GOODS</b></p> <p>Does this household possess any of the following</p> <p>(i) Transport</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Car</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Motorcycle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Boat (business)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Boat (pleasure)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Bicycle</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other (specify)</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table> <p>(ii) Other facilities</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Washing Machine</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Fridge/Freezer</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p><b>HU13 WASTE DISPOSAL</b></p> <p>How does this household dispose of domestic waste</p> <p>Tick all that apply</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>Public Bin</td><td><input type="checkbox"/></td></tr> <tr><td>Buried / Burnt</td><td><input type="checkbox"/></td></tr> <tr><td>Dumping site</td><td><input type="checkbox"/></td></tr> <tr><td>Composting</td><td><input type="checkbox"/></td></tr> </table> <p><b>HOUSEHOLD ECONOMIC ACTIVITIES</b></p> <p><b>HE1 AGRICULTURAL DATA (Crops)</b></p> <p>(i) Have you or any members of your household done any farming in the last twelve months</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table> <p>If NO, go to HE2</p> <p>(ii) Have you sold any agricultural produce in the last twelve months</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table> <p>If NO, go to HE2</p> <p>If YES, specify</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Vegetables</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Fruit</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Root crops</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>(iii) Were crops grown (tick one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Mainly for sale</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sale of surplus</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>		YES	NO	Car	<input type="checkbox"/>	<input type="checkbox"/>	Motorcycle	<input type="checkbox"/>	<input type="checkbox"/>	Boat (business)	<input type="checkbox"/>	<input type="checkbox"/>	Boat (pleasure)	<input type="checkbox"/>	<input type="checkbox"/>	Bicycle	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	<input type="text"/>	<input type="text"/>		YES	NO	Washing Machine	<input type="checkbox"/>	<input type="checkbox"/>	Fridge/Freezer	<input type="checkbox"/>	<input type="checkbox"/>	Public Bin	<input type="checkbox"/>	Buried / Burnt	<input type="checkbox"/>	Dumping site	<input type="checkbox"/>	Composting	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		YES	NO	Vegetables	<input type="checkbox"/>	<input type="checkbox"/>	Fruit	<input type="checkbox"/>	<input type="checkbox"/>	Root crops	<input type="checkbox"/>	<input type="checkbox"/>		YES	NO	Mainly for sale	<input type="checkbox"/>	<input type="checkbox"/>	Sale of surplus	<input type="checkbox"/>	<input type="checkbox"/>	<p><b>HE2 AGRICULTURAL DATA (Livestock)</b></p> <p>Has the household reared any livestock or poultry in the last twelve months</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table> <p>If NO, go to HE3</p> <p>If YES, state present stock</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>LIVESTOCK</th><th>No</th><th>POULTRY</th><th>No</th></tr> <tr><td>Calves</td><td><input type="checkbox"/></td><td>Layers</td><td><input type="checkbox"/></td></tr> <tr><td>Heifers</td><td><input type="checkbox"/></td><td>Broilers</td><td><input type="checkbox"/></td></tr> <tr><td>Young Bulls</td><td><input type="checkbox"/></td><td>Local</td><td><input type="checkbox"/></td></tr> <tr><td>Mature Bulls</td><td><input type="checkbox"/></td><td><b>TOTAL</b></td><td><input type="checkbox"/></td></tr> <tr><td>Cows</td><td><input type="checkbox"/></td><td>Chicks</td><td><input type="checkbox"/></td></tr> <tr><td><b>TOTAL CATTLE</b></td><td><input type="checkbox"/></td><td>Ducks</td><td><input type="checkbox"/></td></tr> <tr><td>Sows</td><td><input type="checkbox"/></td><td>Turkeys</td><td><input type="checkbox"/></td></tr> <tr><td>Boars</td><td><input type="checkbox"/></td><td>Others</td><td><input type="checkbox"/></td></tr> <tr><td>Piglets</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>Fatteners</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td><b>TOTAL PIGS</b></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td>Goats</td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> <tr><td></td><td><input type="checkbox"/></td><td></td><td><input type="checkbox"/></td></tr> </table> <p><b>HE3 FISHING</b></p> <p>(i) Have you or any members of the household done any fishing in the last twelve months</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>YES</td><td><input type="checkbox"/></td></tr> <tr><td>NO</td><td><input type="checkbox"/></td></tr> </table> <p>If NO, go to (ii)</p> <p>If YES, was it</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Mainly for sale</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Sale of surplus</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Surplus given away</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>For pleasure</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p>(ii) Does this household wholly or partly own</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Fishing boat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Fishing gear</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table> <p><b>HE4 OTHER ECONOMIC ACTIVITY</b></p> <p>Is any member of this household engaged in the production, mainly for sale, of any of the following</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>Making / selling handicrafts</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other, (specify)</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	LIVESTOCK	No	POULTRY	No	Calves	<input type="checkbox"/>	Layers	<input type="checkbox"/>	Heifers	<input type="checkbox"/>	Broilers	<input type="checkbox"/>	Young Bulls	<input type="checkbox"/>	Local	<input type="checkbox"/>	Mature Bulls	<input type="checkbox"/>	<b>TOTAL</b>	<input type="checkbox"/>	Cows	<input type="checkbox"/>	Chicks	<input type="checkbox"/>	<b>TOTAL CATTLE</b>	<input type="checkbox"/>	Ducks	<input type="checkbox"/>	Sows	<input type="checkbox"/>	Turkeys	<input type="checkbox"/>	Boars	<input type="checkbox"/>	Others	<input type="checkbox"/>	Piglets	<input type="checkbox"/>		<input type="checkbox"/>	Fatteners	<input type="checkbox"/>		<input type="checkbox"/>	<b>TOTAL PIGS</b>	<input type="checkbox"/>		<input type="checkbox"/>	Goats	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		YES	NO	Mainly for sale	<input type="checkbox"/>	<input type="checkbox"/>	Sale of surplus	<input type="checkbox"/>	<input type="checkbox"/>	Surplus given away	<input type="checkbox"/>	<input type="checkbox"/>	For pleasure	<input type="checkbox"/>	<input type="checkbox"/>		YES	NO	Fishing boat	<input type="checkbox"/>	<input type="checkbox"/>	Fishing gear	<input type="checkbox"/>	<input type="checkbox"/>		YES	NO	Making / selling handicrafts	<input type="checkbox"/>	<input type="checkbox"/>	Other, (specify)	<input type="text"/>	<input type="text"/>
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